



**DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL
CENTER**

MEMORANDUM FOR IMA

FROM: HQ ARPC/DPAFER
6760 E Irvington Pl. #2600
Denver CO 80280-2600

SUBJECT: Reenlistment Documents Instructions

1. We need you to correctly complete the enclosed documents as soon as possible to process your reenlistment. Please contact a Military Personnel Flight (MPF) technician if you need help. Early reenlistment **does not** change your retention and retirement date.

2. **FOR MPF:** This letter serves as reenlistment authorization. Do not reenlist member after their ETS of _____ without contacting us. Please assist member in obtaining a new identification card. The member must be in uniform and within weight standards to reenlist.

2.1 - Completion of DD Form 4, Enlistment/Reenlistment Document Armed Forces of the United States:

- a. Item 3 - enter current home address.
- b. Item 4 - enter the complete address of the place of reenlistment.
- c. Item 5 - enter the date of reenlistment in Year-Month-Day sequence (e.g.: 19840605). Reenlistment cannot be predated or postdated and must be the same date as item 18b and 19f.
- d. Item 7 - leave blank.
- e. Item 8 - enter period of reenlistment (2,3,4,5, or 6 years) and pay grade (i.e. "2" and E-7). You may not reenlist for a period that gives you an ETS beyond your 60th birthday. **Remember, if you wish to receive Montgomery GI Bill – Selected Reserve (MGIB-SR) entitlements, please contact the Military Training Division (DPAT) DSN 926-6396 or comm. 303-676-6396.**

f. Item 8b and 8c - initial.

g. Item 13a - place an "X" in the block marked "NONE" and initial.

h. **Item 13b - sign your FULL name, including FULL MIDDLE NAME (ex: JOHN PAUL JONES not JOHN P. JONES).**

i. Item 13c - enter the date signed (same as item 5).

j. Item 14a through 14g - completed by the military personnel office accepting you for reenlistment. **This cannot be you or the reenlisting officer.** If you are unable to get to an MPF, please leave this area blank and we will complete it upon receipt at our office.

k. Item 18a - sign your FULL name as in item 13b.

l. Item 18b - enter the date the oath was administered (same as item 5 and 13c).

m. **Items 19a thru 19g - completed by the officer administering the oath. The officer may be from any branch of service in an active, reserve, or retired status. The date signed must be same as item 5.**

3. **Member:** Completion of AF Form 895, Medical Certificate (AFRES): Sign, date, and place name and SSN in appropriate blocks. A physical and a doctor's signature are not required.

4. **Member:** DD Form 2005, Privacy Act Statement - Health Care Records: Sign, date, and place your SSN in the appropriate blocks.

5. Identification Card(s): Applications can be obtained from any military personnel office. Military ID and dependent ID cards are issued IAW AFI 36-3001, Issuing and controlling Identification (ID) Cards.

6. Any questions can be referred to me at DSN 926-6503, Comm. 303.676.6503, or fax DSN 926-6403 or email: arpc.dpafer@arpc.denver.af.mil

Personnel Support Branch
Directorate of Assignments

Attachments:

1. DD Form 4
2. AF Form 895
3. DD Form 2005
4. Return Envelope